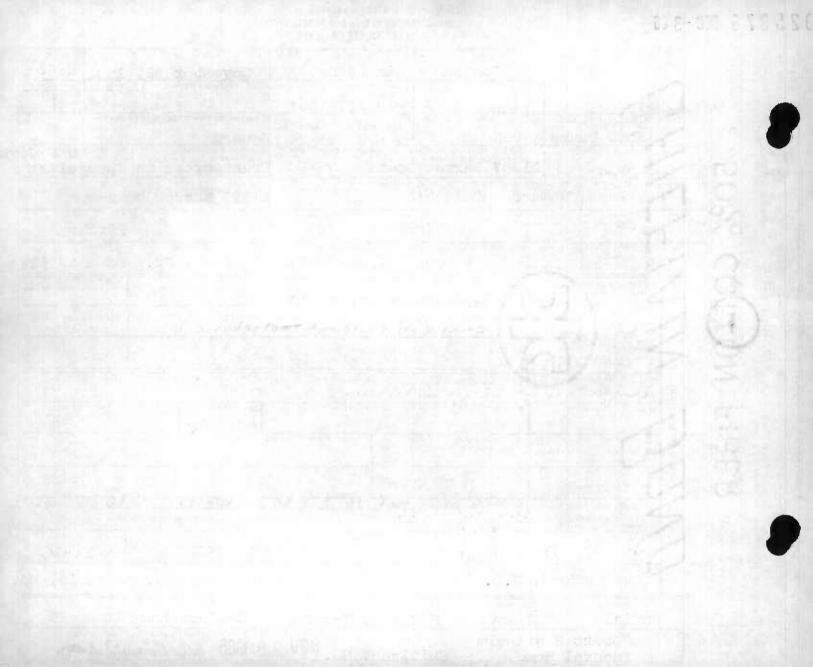
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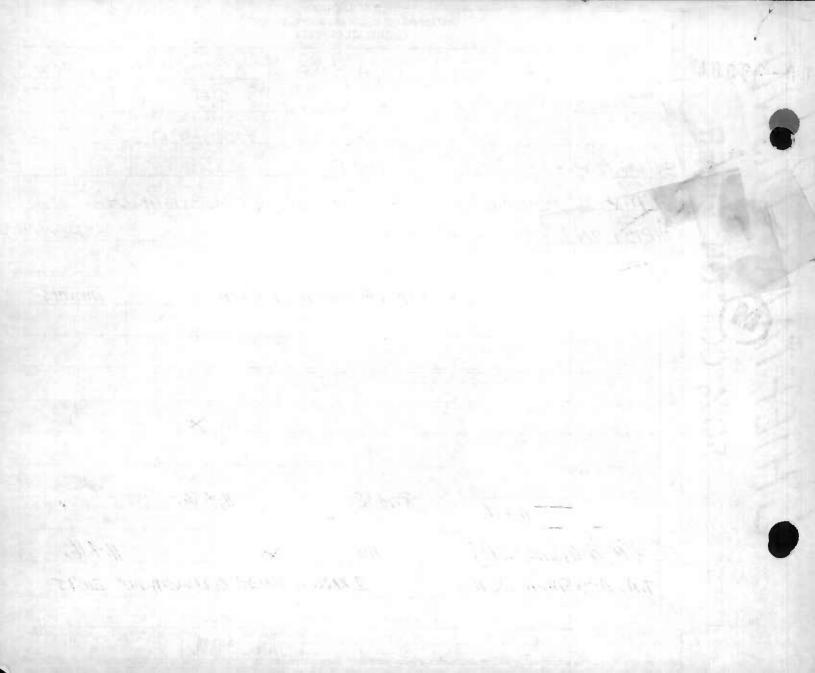
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offendi offendi the the hand M	MEDICAL	21d. INJURY OCCURR			OF INJURY REET, FACTORY OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR T	NWO	COUNTY	STATE
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ty the too ERAL DIRECTOR of the too State Dept.	18.8	22d. PHYSICIAN'S NA	, m	I and	1		DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED
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		FOR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG	SIENE	0 4 0 1
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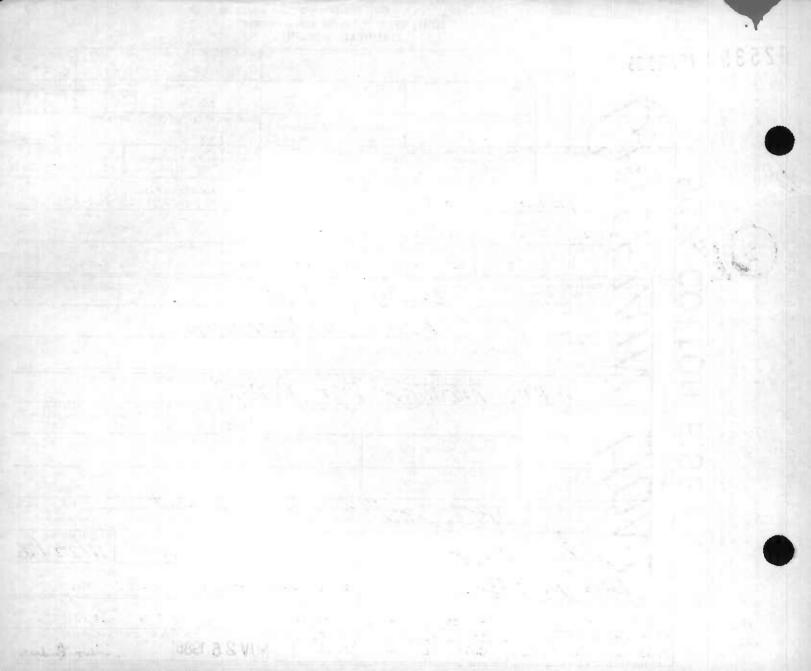


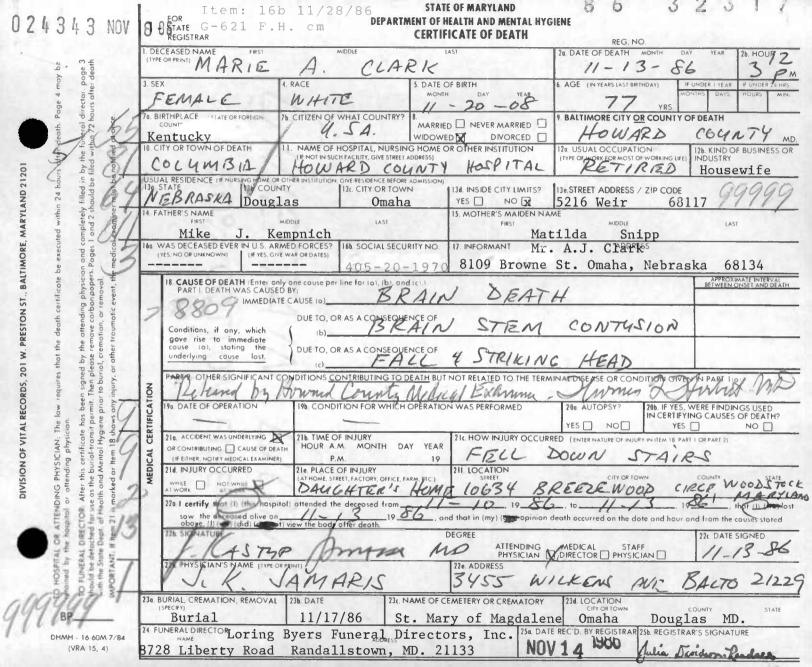
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G ig	7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH
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n 24)		WARD ELLICOT	TCITY YES NO	2826 FOXHO	UND ROAD
within within		FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		
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S S S	1 16a.	WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS	
Poges		(YES NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES) 218 05	7851 Mrs Mary B	Bode 2826 Foxhound	H Pd 21043
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or AT e hosp DIRECT Sched f Dept. of f hem		22b. SIGNATURE	not) view the body oftendeoth.	DEGREE		221 DATE SIGNED
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BP			SURIAL, CREMATION, SPECIFY) Cremation		23b. DATE 11- 24	-86	Westvi	ew Crematory	Cat	onsvil		Balto.	MD.
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86 32318 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L'DICEASED NAME LAST 20 DATE OF DEATH MONTH ALICE H. CLARKE 11 16 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 1 5EX 6. AGE (IN YEARS LAST BIRTHOAY) FEMALE BLACK 05 1900 O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA WIDOWED DIVORCED . HOWARD COUNTY IC CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 4970 Ilchester Road BALTIMORE Domestic AL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13. STREET ADDRESS / ZIP CBaltimore. Md. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 3007 Lyttleton Road 21216 urvland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Davis Mattie George 17. INFORMANT Mrs. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Baltimore, Maryland (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 4900 Belle Avenue 215-22-6791 Arjorie Chandler No. 18 CAUSE OF DEATH (Enter only one cause per line for A), (b), and (c), PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES T 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 10 saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

STATE OF MARYLAND

DHMH - 16 60M 7 184 (VRA 15, 4)

FOR

24 NUTTER & SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

11/20/1986

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

22c DATE SIGNED

COUNTY

2b HOUR

12b. KIND OF BUSINESS OR

Pvt. Family

NO I

Kaiser

IF UNICER 24 HRS

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INDUSTRY

23c. NAME OF CEMETERY OR CREMATORY Baltimore. Maryland Mt. Auburn Cemetery

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215-22-6791 Artorie Chandler 4300 Belle Avenue 2120

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The second control of	HOUR A.M. MONTH DA	Y YEAR	RED (sedes nature or report in term to exact time exact time.
ZIM INJURY OCCURRED	21s. PLACE OF INJURY	TH LOCATION	ESTY OF EDWN COUNTY HATE
snw the decensed alive on	Nov. 4 108	DEGREE ATTENDING	death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN 1 128/86
DR.N. MAG	HIRAN	720 MAIOE	EN Choice LA, BALTO, 2122
Burial	Nov. 29, 1986	Loudon Park Cem.	23d LOCATION CITYOR TOWN Balto. Md.
1	270. I certify that (I) (this hasping the deceased alive on above, (I) (well did (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE-0 22d. PHYSICIAN'S NAME	21s. ACCIDENT WAS LINDINGTON OF MINETY 21s. ACCIDENT WAS LINDINGTON OF MINETY OR CO-THERMITING COMES OF ORANI 21st MUNICIPAL COMES OF ORANI 22st. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did (1) (did not when the body after death 22st. SIGNATURE 22st. PHYSICIAN'S NAME THREE OR PRINT) DR. M. M. CHIRAN BURIAL, CREMATION, REMOVAL [SPECIFY] BURIAL CREMATION, REMOVAL [SPECIFY] BURIAL CREMATION, SOME THREE OR PRINTI FUNERAL DIRECTOR 35.602.	The Date of Operation We donothon for which operation was performed The Date of Operation The Date of Operation The Date of Operation The Date of Operation was performed The How NJURY occurs

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DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **GEGISTRAR** REG. NO I. DECEASED NAME DATE KNOWN X MONTH DAY 2h HOUR (TYPE OR PRINT) ESTI-DELÁY'S NECESSARY, PLEASE 310 THE FUNKRAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. BE FILED WITHIN 72 HOURS. RDS. 201 W. PRESTON STREET, WALTER CRANE DEATH MATED 11-10-86 SEX 4. RACE AGE (IN YEARS IF UNDER I YR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 6:05P 11-10-86 DEAD Male Wh White 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO FOREIGN COUNTRY WIDOWED DIVORCED Md Howard 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 2175 Mount View Rd Marriottsville SHOULD BE I Printer-Sun Papers WSUAL RESIDENCE LIEINN MAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 134. INSIDE CITY LIMITS? 134. STREET ADDRESS Balto. . Md. CUNTY 13c. CITY OR TOWN YES XX NO 1158 S. Collins Ave. #21229 Md Balto 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Walter Kellv Crane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 2175 Mount Tew Rd. - Marriot-(YES, NO. OR UNKNOWN) tsville.Md. #21104 Mary C. Marx 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BODY ONLY) E 3 SHOULD BE DEPARTMENT 11 PRIOR TO BUIL YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OF DEATH HOUR A.M. MONTH DAY YEAR self/inflicted ? P.M. 11-10-86 21e PLACE OF INJURY LATHOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 2175 Mount View Rd. TOWN Marriotsville, Md. STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BAILLINGRE, MARYLAND, 2 220. I certify that I took charge of the remains described BODY held NIY Autopsy Inspection and in my apinian Suicide X death resulted fram THE CERT TITLE (SPECIFY) ACTUAL DATE 11-11-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Gregory R. Kauffman, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 11-14-86 New Cathedral Cem. Balto.

ab 5152s. Balto.Nat'l.Pike 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 07/84 BP Burial Md 25M **DHMH - 17** #21229 (VR A15 ME (5))

STATE OF MARYLAND

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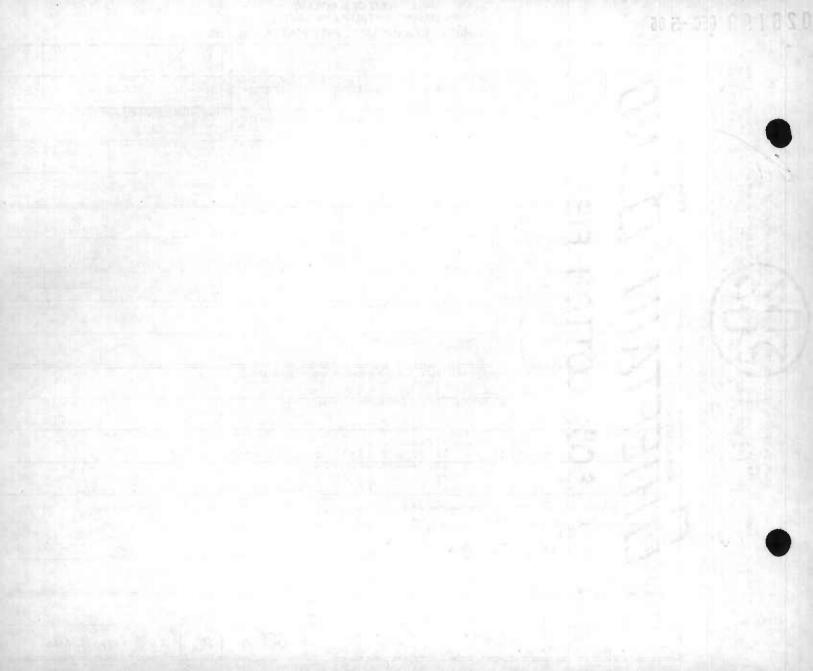
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187		Columbia	Howai Marchest	Inty General	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEW I FE	WORKING LIFE) INDUSTRY	INESSOR
AND 21	130.	AL RESIDENCE (IF NURSING HOME OR O STATE Maryland Howa		SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?		zip code lours Place 210	44
MARY A MARY	14. F.	ather's name Unknown	DDLE	LAST	Jeanette	Timmonds	: LAST	
IMORE,	160	WAS DECEASED EVER IN U.S. ARM (YES, NO GRUNKNOWN) (IF YES, GIVE	WAR OR DATES	OCIAL SECURITY NO 5 62 4206	Alexander P (Curtis 5292	columb Corncockle Ct	ia 21045
T., BALT Inficote to physicia napapers movol. vent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	or (0), (b), and (c).)	nke		APPROXIMATE BETWEEN ONSET	NTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requirement in death certificate be executed within 2 hour cattending physician and companies the conflict of the servician permit. The profession of the burnel transfer permit. The profession contained by the conflict of t	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(b) DUE TO, OR AS A	CONSEQUENCE OF	Dig 62+0	NINAL DISEASE OR CONE	DITION GIVEN IN PART I (a)	
he law re on. hos been t permit. I tem prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS I IN CERTIFYING CAUSES OF D YES \(\)	USED DEATH?
VISION OF VITAL R. 3 PHYSICIAN: The II. intending physician. set this certificate has the burial-transit per and Mental Hygiene ked or Ifem & Shem;		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJU HOUR A.M. A P.M.	JRY MONTH DAY YEA 15		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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00 E		22a.1 certify that (I) (this hospita	l) ottended the dece	egsed from	1/ 1/2 19 +	L., 10	21 19 20 , that	(I) (we) lost
Spirit CTC d for		sow the deceased alive on above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after	19 6.	and that in (my) (our) opinion DEGREE	death occurred on the da	te and hour and from the cause	
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TO HOSPITAL (retained by the TO FUNERAL should be detail with the State IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR	fred.		1105 - 6	1.41/e /	atchange to	2
7 5 F 2 3 ₹ 1	23a.	BURIAL, CREMATION, REMOVAL	NOV 28		CEMETERY OR CREMATORY	23d. LOCATION	lle Balto., Md	STATE
ВР	74 F	Cremation UNERAL DIRECTOR Harry F						•
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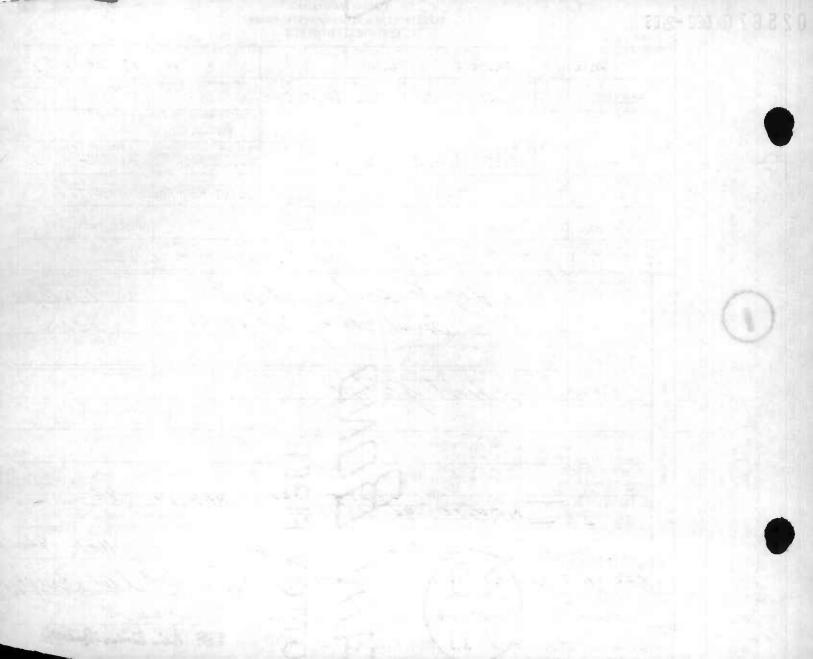
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STATE OF MARYLAND 026193 DEC-DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) 11 - 27 - 86DEENER DEATH MATED ROBERT 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 11 - 27 - 866:21p Male DEAD White 10 7 1917 69 7a BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Howard County WIDOWED [DIVORCED Illinois U.S.A. ID. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS. OR INDUSTRY FOR MOST OF WORKING LIFE) Howard Co. General Hospital Columbia Mortician Funeral USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 60936 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY FIMITS? 13e STREET ADDRESS NO 523 S. Gray Dr. Gibson City. Illinois Ford YES T Gibson City 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Elmer Deener Ida Bryant 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) WW II 332-05-9421 Mrs. Elizabeth Deener same as 13e. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] Fracture of Scapula ICATE, WRITING THE WORD TE FORWARDED TO THE CHEF ITARE, PAGE 3 SHOULD BE USED ITHE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURNAL. 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YESXX NOF 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 9:30 P.M. 11 25 1986 Subject fell down stairs 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK In Home 6549 Overheart Lane Columbia. Howard Md. TO MEDICAL EXAMINER: THE EXECUIT THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2) 22a. I certify that I took charge af the remains described above, held on Autapsy Inspection Inquiry and in my opinion X Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) DATE 11-28-86 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 11/29/86 Cremation Westview Crematory Catonsville Md. BP. 25M 24 FUNERAL DIRECTOR 5555 Twin Knolls Rd. Columbia, Md. 21045 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 1 Sin Divideon Pandall EVR #15 ME (5)) eroy M. & Russell C. Witzke Funeral Home



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~ O P O GE HOV	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECLASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE FUNERAL DIRECTOR FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET, DEATH MATED Elizabeth Hannon Amy 11-9 1986 4 RACE I IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST SIRTHDAY) PRONOUNCED 12:10 1086 DEAD White Sept. 23,1986 Female 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED [DIVORCED Howard County IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET N/A N/A Howard County General Hospital Columbia OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS USUAL RESIDENCE (IFIN HUBSING HO W. PRESTON ST., BALTIMORE, MD. 21201 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Howard Columbia 6503 Overhart Lane 21045 Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE Michael Marcela C. Velez J. Hannon Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IAN SOCIAL SECURITY NO ADDRESS N/A No Michael J. Hannon Sr. Same as # APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) MEDICAL EXAMINER ALONG W AS A BURIAL-TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 WINER: THIS CERTIFICATE SHOULD BE EXECUTE, WRITING THE WORD."PENDING: E. FORWARDED TO THE CHIEF MEDICAL, TOR: PAGE 3 SHOULD BE USED AS A BUY HE STATE DEPARTMENT OF HEALTH AN UNID, 21201 PRIOR TO BURIAL, CREWAT CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC I STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 THE CERTIFICATE, SHOULD BE FORV Autobsy XX 220 I certify that Lipak charge of the remains described above, held as Inspection and in my opinion Natural courses (X) death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 11-10-86 EXAMINER'S NAME Ill Penn St., Balto., Md. 21201 Dennis F. SMyth, M.D. (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23C NAME OF CEMETERY OR CREMATORY 236. LOCATION 11/12/86 Crestlawn Cemetery Burial Marriottsville Maryland 07/84 BP 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 PEGISTRAR SEIGNATURE 25M Lewey M. & Russell C. Wietzke Funeral Homes P.A. **DHMH - 17** (VR A15 ME (5)) 5555 Twin Knolls Road, Columbia, MD. 21045

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	NRER: THIS CERTIFICATE SHIGATE, WRITING THE WORL ICATE, WRITING THE WORL TOR: PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO BUR				ge of the remains desc	ribed obo	ve, held on	Autops	y X.	Inspection		Inquiry	□, ∘	and in my	opinion		
	MAN HELL		death result	ed from: Natu	rol couses ,	Accident	, Sun	ide X	Homic	ide .	Undeter	rmined ma	nner 🔲	,			
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	ZHY H		SIGNATURE.	110.	an	1		M	D. Assi	istant	MEDIC	CAL EXAM	INER	DATE	NED	11-5-	86
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BACKIMORE, MARYLAND, 21201 P	1	EXAMINER'S (TYPE OR PRI		lliam M. Z	áne,	M.D.		ADDRESS_	lll Pe	enn S	t., E	Balto	. , Mc	1. 2	21201	
	524548	23a.B	URIAL, CREMA	TION, REMOVAL	23h DATE	23c. h	NAME OF CEM	ETERY OF	CREMATO	ORY		CATION		co	YTAUC	ST.	ATE .
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noy be poge 3	1. DECEAS (TYPE OR PR	ED NAMEFRST_	SE '	CARTER	VS. DATE O	E BIRTH		AGE (IN YEARS LAST BI	MONTH	DAY YEAR 1086	16 HOUR
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ST., ertific on p ewer	18	CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per D BY: E CAUSE (0)	line for (a), (b),	opula	indus:	arr	ex		BETWEEN	IMATE INTERVAL ONSET AND DEATH
on W. PRESTON ST., that the death certificaby the attending places remove corban (ia), crematian, or remore or other traumatic eve		nditions, if any, which		RAS A CONSEC		earl!	fail	lung		was	the
	CO	ve rise to immediate use (a), stating the derlying cause lost.	DUE TO, O	RAS A CONSEC	SUFFICE OF	is + DV	obabo	e Covoy	and	Lice 12	lars
2 9 9 9 7		t 2. Other Significant (CONDITIONS <u>CC</u>	ONTRIBUTING 1	IO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR COM			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physicion. Wher this certificate has been sig as the buriol-transit permit. Ther th and Mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION 150	DATE OF OPERATION	19b. COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORME	6.14	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDIE IFYING CAUSES YES []	
JISION OF VITAL RI The PHYSICIAN: The lettending physicion. For this certificate has the burial-transit per ond Mental Hygiene and Mental Hygiene wed or item 18 shows		ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	din.	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
DIVISION OF DING PHYSICIA or ottending p after this certifices of the buriol- ofth and Mento	¥ w	INJURY OCCURRED	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
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BP	(SPEC	BURIAL	13 NOV		GOOD SH	EFHERD (EM.	23d. LOCATION CITY OR TOWN EUL COTT		HOWAR	1.10-
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNE	ALDIRECTOR ACK PUNCHA	nome	ADDRES	LOTT CI	14 MD 210	250 DATE R	1 4 1986		STRAR'S SIGNAT	

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3726 NOV	4	FOR			DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MEN	ITAL HYGI	ENE	in ()	
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you go	3. SE			RACE	20	5. DATE O			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
4 of						MONTH	DAY	YEAR		MONTHS DAYS	HOURS MI
1 /1 -	70 DI	Female RTHPLACE (STATE OR		White	WHAT COUNTRY?	8		16	9 BALTIMORE CITY OR COUNTY	OF DEATH	
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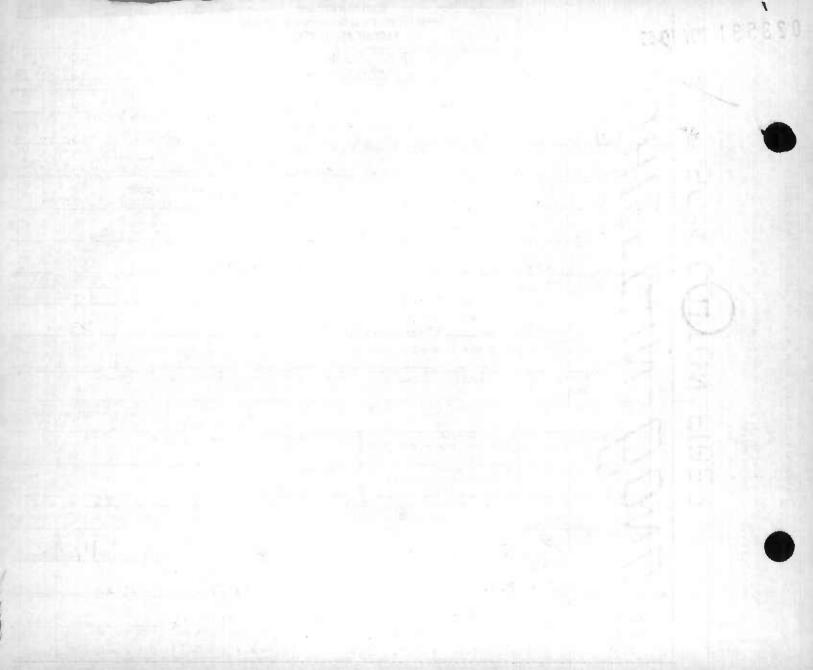
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unerol di		New Jersey	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY O	nd.	MD.
2/0/18/	C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	T ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Auditor (R	etired Ins	of BUSINESS OR Y Urance
TO THE PROPERTY OF THE PROPERT	13a.		NOTHER INSTITUTION GIVE RESIDENCE BEFOR			13. STREET ADDRESS	zip code rm Pond Lan	e 21045
MARY1		ATHER'S NAME Benjamin		ander	Bessie	MIDDLE		ĥknown
IMORE.	160.	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECTION 147-07-1		Barry Hollan	der 5238Far		olumbia,Md
	Г	PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), a ED BY: TE CAUSE (o)	nd (c).)	nie		APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
05, 201 W. PRESTO garres that the death igned by the attend has places removed at burnous, creations, gary, or other travens,	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF THE TO OR AS A CONSEQUENCE OF THE TOP OF THE T	JENCE OF			DITION GIVEN IN PART	lia [*]
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DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ARŽÜLLO FUNERAL	SERVICE UPPERC	O, MD	DE 250. DATE	C 1 1986	Julia Deviden	

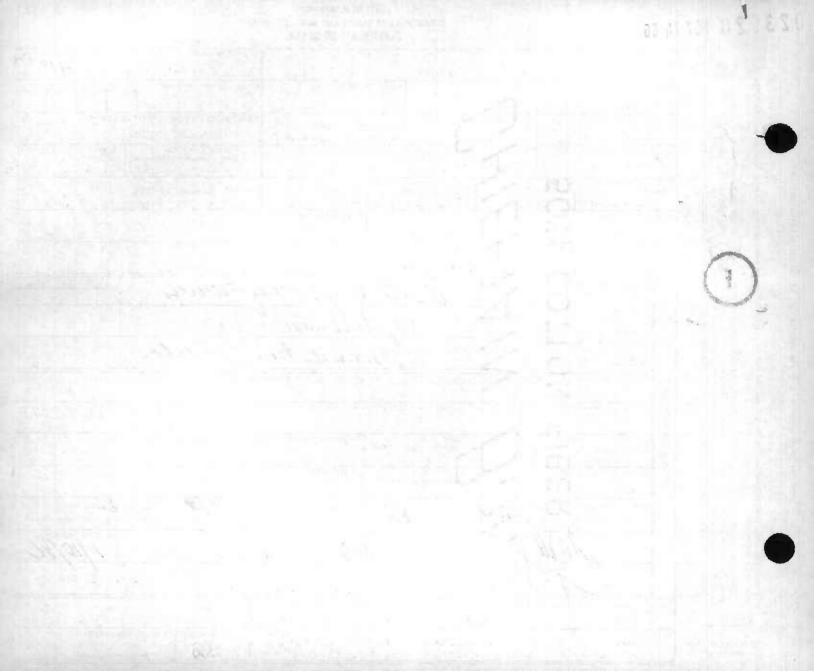
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4 9	actor, p	3. SE	Female	4. RACE Whi	te	5. DATE O	1 18°, 1904	6. AGE (IN YEARS LAST BIRT	YRS		URS MIN.
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IMORE,	Pogle	16a V	MAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	215 07 68		Charles S We	· ADDRE einkam 9826		s Way	21043
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OR ATTER	DIRECTOR Director Dept of H	<	sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the hody	ofter death.		d that in (my) (our) opinion o	deoth occurred on the do		rom the cous	
PITAL	ERAL Die detoc		22d. PHYSICIAN'S NAME (TIPE	DR PRINT)	17		ATTENDING PHYSICIAN P	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗆	11/12	186
I, .	Should be with the		PATRICE A	104	E, MO		10772 Hick	cony mos	r hold	Cow	WBIA.
5	p ≥ 4 3 ≥ 7	23a E	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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(VRA 15, 4)



123928 NOV	4	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE B 6	3 NO.	2 0	5 3	
		CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH		Y YE AR	26. HOUR PM	
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moy er de	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST		UNDER 1 YEAR	IF UNDER 24 HRS	
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- 2 11/2/		RTHPLACE (STATE OF FOREIGN		WHAT COUNTR	WO 10	XX NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
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1 / HOLT	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. KIND OF BUSINESS C				
5 1 2 1909/		Columbia	Howard	chracility, give str County	Genera	1 Hospital	Retired Engineer Glen L. Mark				
五中 三五十	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)	A 121 IN COMP CITY 114 ITCO	13e.STREET ADDRESS				
2 2 3555	130.		ard	Ellico	tt City	13d. INSIDE CITY LIMITS?	4029 Col1		nue 2	21043	
本 等 等	14. F/	THER'S NAME				15. MOTHER'S MAIDEN NA	ME	CEC IIIC	1000		
AAR Bold and		Patrick	WIDDLE	McG10	in	Clara	MIDDLE		M C G	Glinn	
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WOI OF THE PERSON WOL		YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	577-24-	-7217	Doris McGlo	in Same	as # 1	3		
THE TANK	F	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly are cause ne			7 /	- /	43 1		IMATE INTERVAL ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death difficult transcribed within 2 hours attending physician. The this certificate has been signed by the attendance principle on completely literate in sthe burich-transit permit. Then please remove such pages and a day 2 shalld be in the and Mental Hygiene prior to buriol, cremation are considered at them 18 shows any injury, at other troumptic event incentral examples.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEC	DUENCE OF	ti Coma			N IN PART 10	0.	
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Or Or Aff		220.1 certify that (1) (this has	pital) attended t	he deceased fra	m_12/	4 19 87) to 11/9		9 8/2	that (1) (we) lost	
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TO HOSPITAL OF FORMAL OF TO FUNERAL (Should be deformed with the State IMPORTANT: If		M. Zunig	M.D.			Howard Coun	Colum ty General	mbia, MI	D. 21	044	
7 e r ≈ 3 ₹	23a.	BURIAL, CREMATION, REMOVA	AOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION							STATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	Lexay M. & Rus 1630 Edmondsor	sell C. Avenue,	Witzkenes Catonsv	Funeral	Homes P.A.	1 2 1986		AR'S SIGNAT		

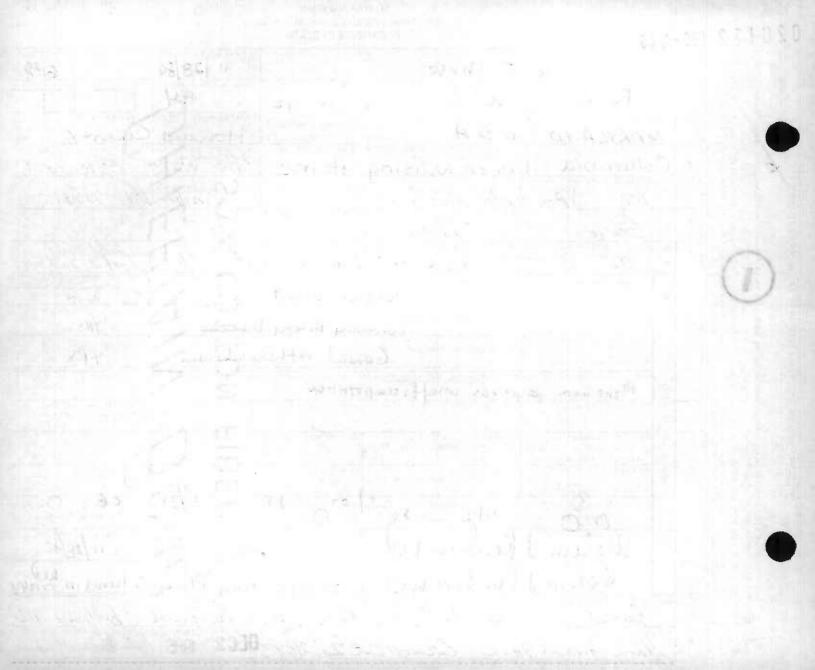


STATE OF MARYLAND

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ō Washing	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET DORESS) (IF NOT IN SUCH FACILITY, GIVE STREET DORESS) (IF NOT IN SUCH FACILITY, GIVE STREET DORESS) (IF NOT IN SUCH FACILITY GIVE STREET DORESS) (IF NOT IN SUCH FACILITY GIVE STREET DORESS)
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TIMORE, be execut on and co	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT DUTTON 693 FEDER MILL Rd. 216-14-8521 Myytle Dutton Woodbine Md. 21797
ST., BAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiration of the control of t
PRESTON	Conditions, if ony, which gove rise to immediate couse (o), stating the
201 W.	underlying couse lost (c)
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RECORDS. Iow requir So been signermit. There e prior to be	COPD, Chrenic argenia, Bladder entlet obstruction 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YES NO
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DINISION OF VITAL DING PHYSICIAN: The or other this certificate h e as the burial-transit j oils and Meetral Hygies marked or them 18 Has	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED VMILE AT WORK AT
A A A A A A A A A A A A A A A A A A A	220 I certify that (I) (this haspital) attended the deceased from Oct 1986, to Nov 19, 1986, that (I) (we) lost
TTEP Prito TTO for of H	sow the deceosed olive on New 19 19 00 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove, (1) (we) (did) (did not) view the book attended the causes stated obove).
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TO HOSPITAL (retorned by the TO FUNERAL II should be deto with the Store	224. PHYMCIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
O HO to hould hould the ho	Jon K. Minterd 10806 Hickory Ridse Rd Columbia MD
D = 5 € 3 ₹	230. BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	Burial 11-24-86 Bushy Park Cemetery Cookesville, Howard, MD
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR 246 N. Washington St. 250 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	George R. Snowden Rockville, MD 20850 NOV 25 1986 This Javidson Rockville

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(VRA 15, 4)



FOR STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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. 7		CEASED NAME FIRST	MIDDLE	1	AST	2	a. DATE OF DEATH	MONTH D	DAY YEAR	26 HOU	R
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ч	3. SEX	× IAA	4. RACE	5. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	HOURS	24 HRS MIN.
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7	Ta. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VIRY? 8	D NEVER MARRI	ED 35 9	BALTIMORE CITY OF	COUNTY	OF DEATH		
2		Maryland /	USA	WIDOWE	D DIVORCE	ED 🗍	Howard		nty		MD.
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10	FA	ATHER'S NAME FIRST	MIDDLE LAS	51	15. MOTHER'S MAIL	DENNAME	WIDDLE		LAS'	t	
4	1	Nathan	Orem			mie		Но	lsey		
0		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT		ADDRE:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	AL	OR CONTRIBUTING CAUSE OF DEA		19							
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	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET		CITY ON TOW	/194	COUNTY	31	AIE
		220 I certify that This hospi	atal) attended the deceased	from 1	1 25	8/2	to 11/2	9	086	that It is	ve) Inst
		saw the Deceased Nive on	11/29	07.	nd that in (my) (our)	opinion dec	oth occurred on the do	te and hour	and from the	couses sto	ted
		27h SIGNATURE	ot view the body offer death.	- 1	DEGREE		-		22c. DATE	SIGNED /	
		melle	Thuber	u n	ATTENI	DING CIAN	MEDICAL STAF		11/	29/0	16
1		22d. PHYSICIAN'S NAME (TYPE C	PR PRINTI	(111	722e. ADDRESS	01.0	· · · · · · · ·	(-1	1	11)	20,51
		MEMINA	1 Faraous		20000	emis	rypinio	Colu	ubin	210	244
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	SI	TATE
		Burial	Dec.4,1986	Frier	ndship Met		Damascus,		gomery	, Md.	
	24 FU	JNERAL DIRECTOR	ADr.	DRESS		25a. DATE R	EC'D. BY REGISTRAR	5b. REGISTR	RAR'S SIGNAT	JRE	
		Olin L. Mole	esworth, P.A.,I	Damascus	, Md.	UE	3 1986	Julia 1	Troiden 7	2 de	,

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attesshould be detached for use as the burial-transit permit. Then please remave with the State Dept. of Health and Mental Hygiene prior to burial, cremation

MPORTANT: If Hem 21 is

E CAS OF THE STATE OF fire favor deligned describe formers has been been been administration of the second of the secon saryland Frederick control tridge at 950 Keys Charge 3d. 2195 171-16-16 . Late from, or 181, Catherenous, M. act, ind present to distance of the control of the Olinia. interstorth, P.A., Antanaoua, Ma.

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ues that the deat gred by the other in please remove to burial cremation	ry, or other traum	100	Conditions, if any, gove rise to imm cause (a), stoting underlying cause PART 2. OTHER SIGN	the last.	(c)_	OR AS A CONSEQU		NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 11	01
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NG PHYSICIANI ottending phys her this certifica as the burial-troi	=	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURRI WHILE AT WORK AT WORK	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET		CITY OR TOWN	-	COUNTY	STATE
TAL OR ATTENDIS y the hospitol or y tal DIRECTOR: A detoched for use	VI. If Item 21 is mo		220. I certify that (I) (sow the decease obove, (I) (we) (di	d alive and d) (dud no	or hea	/				STAFF	7	d from the	
TO HOSPITAL retoined by the TO FUNERAL should be detailed by the Share with the Share should be detailed.	MPORTAL		E.C. TO	ORT	ocmi			1 1/2	LIMOCH		B	ort,	
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DHMH - 16 60	M 7/B4	24. F	UNERAL DIRECTOR	ora		Sandy S		Md. 20707	NOV 1		1 1	A A1	URE

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you and	3. SEX	The second secon	4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS)	LAST BIRTHDAY)	IF UNDER I YE	AR IF UNDER 24 HRS
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or of H	saw the	deceased alive an.	840F	INOV19	86,0	nd that in (my) (au	ır) opinian d	leath accurred or	the date and	d hour and from	the causes stated
OR AT OR AT DIREC: Doched f There	22b. SIGNA	() (we) (did) (did not URE	view the body	oner death.		DEGREE				22c. D	ATE SIGNED,
the District Here	1/6	menc	eck	ay	N		ENDING SICIAN	MEDICAL DIRECTOR D	STAFF PHYSICIAN	1 N.	0186
HOSPITAL ined by th FUNERAL und be detected to the Store ORTANT: It	1	IAN'S NAME (TYPE OF				22e ADDRESS	not	Dell		11:11	24 1
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of of s x x x x x x x x x x x x x x x x x x	230 BURIAL, CREA	ATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATIO		COUNTY	STATE
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DHMH - 16 60M 7/B4	24 FUNERAL DIRE			ADDRESS		21229	25a. DATE	REC'D. BY REGI	STRAR 25b. RE	GISTRAR'S SIGI	
(VRA 15, 4)	Hubbard	d Funeral	Home,	Inc. 410			N	UV 3 - 13	100	the Bott	or o paralation

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24169 NOV 1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3	THOMAS F. REARDON	5-86 1150AM
moy .	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor	MALE WHITE 11 20 05 80 YRS.	MONTHS DAYS HOURS MIN.
2 24/10	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	OF DEATH
1 1230	Conn. U.S.A. WIDOWED DIVORCED Howard County	MD.
Salar other	Columbia md 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (149E OF WORK FOR MOST OF WORKING LIFE OF WORK FOR MOST OF WORK FOR WORK	12b. KIND OF BUSINESS OR INDUSTRY Various
n 24 hou Hilled in hould be	Maryland Howard Fulton 13d. Inside city Limits? 13e. Street address / Zip Code 12012 Rt. 216	
137	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
(-n + X X	John Reardon Elizabeth	McKee
1	160. WAS DECEASED EVER IN U.S. ARMED, FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
2 1	NO 047-10-6405 Carole R. Eber 12012 Rt. 21	6 20759 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to low requires that the death certain has been signed by the attending permit. Then please remove carbones give any injury, at other traumatic in the pay any injury, at other traumatic in the contract of the contract in	₩ L IN CERTIF	ZEN IN PART TO: S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Z S S S S S S S S S S S S S S S S S S S	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P	
uG PHYSICIA attending pl ter this centif is the burnoit is and Mental	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AL WORK AL	COUNTY STATE
D S S S S S S S S S S S S S S S S S S S	270.1 certify that (I) (this hospital) attended the deceased from Nov 12 19 60 , to Nov 15	19 E C, that (I) (we) last
24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	saw the deceased alive an how 15 19 8 C, and that in (my) (aur) apinion death accurred on the date and how above, (1) (we) (did) (did not) view the body after dooth.	r and fram the causes stated
TALOR A TALOR A TALOR A TALORE	22b. SATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	220 DATE SIGNED
TO HOSPITAL retained by it TO FUNEPAL whole be det with the Stole MPORTANI;	22d PHYSICIAN'S NAME (TYPE OR PRINT) Zon X, Winter & 1000 Hickory Ridse, Col	onless, Mo
P.D.	236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial 11/18/86 Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 255 - REGIST	Marylan Marylan
DHMH - 16 60M 7/B4 (VRA 15, 4)	Hubbard Funeral Home, Inc. 4107 Wilkens Ave.	RARSSIGNATURE

125117 NOV	15	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 PEG. NO	3 2 3 4 3
m.c		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
noy be poge 3		GILBER			//-	-19-86 11:00 M
r. po	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
oge 4		MALE	WHITE	FEBRUARY 29,1920	66	YRS.
P. P	7a. B	COUNTRY A STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED LI NEVER MARRIED L		R COUNTY OF DEATH
deor deor		"MARYLAND	U.S.A.	WIDOWED DIVORCED		
The state of the s	10 0	ELLICOTT CITY	LIE NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! BRANCH IN. APT. F	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST OF REALTOR	
ND 2/2	USU 130. MA	TAL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY HOWAIT	ROTHER INSTITUTION GIVE RESIDENCE NTY RD LLLLC	R TOWN 13d. INSIDE CITY LIMITS?	3014 F AUTO	
BALTIMORE, MARYLAND onto a executed within 24 control and completely fills onto the standard should the medical examiner mu		ATHER'S NAME REUBEN LORSE	MIDDLE ROGERS	IS. MOTHER'S MAIDEN N	AME MIDDLE	ONINGS
E, M		WAS DECEASED EVER IN U.S. AR.		L SECURITY NO. 17 INFORMANT	ADDRE	
MORE ond c		(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	01-0237 ROBERT L. T	OG OPS NOTE	r sycholist I security
requires that the dearn cettler signed by the attents of a plant in the business or to business or the traumatic remaining or the plants traumatic remaining or the propertion of the plants.	TION	Conditions, if ony, which gove rise to immediate couse tol, stoffing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) Chrome DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER		
ne fow re	CERTIFICATION	19a. DATE OF OPERATION	198. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA CLIAN: The physicic strificote col-tronsit into Hygis		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR 19	RRED (ENTER NATURE OF INJUR	
IVISION JG PHYSI ottending ter this co st the burn h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDIN pital or TTOR: Af for use of fer use of Health		220. I certify that (I) (this hospi sow the deceased alive on	ot) view the body ofter death.			te ond hour and from the causes stated
PITAL OR A by the hos ERAL DIREC e detoched Stote Dept.		Monas &	2 Herbers		MEDICAL STAF DIRECTOR ☐ PHYSIC	
TO HOSPITAL TO FUNERAL should be deter with the State		THOMAS F. I	HERRERT, M.D.	Church	Rel. ETH	cottlig MD ziot
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24	RURIAL	22 NOV 86	ST. JOHTIS CHITTIN	STT COME	25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	24.1	FUNERAL DIRECTOR NAME STACK HITLET T		DRESS	NOV 2.5	Julea Deviden-Rendall

0.221 1 2.23 The transfer of the state of th THE MON SE MOD SET TEXT STATE

2	38	56	NOA	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.								
		oge 3			ECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	pe		1	(1)	PE OR PRINT) John	H	I.I.	Schul:	7	November 7, 19	186	6:30a M
	noy	poge r deot	100	3. 5		4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	ge 4 r	ector.	100		Ma1e	Caucas	75 CITIZEN OF WHAT COUNTRY?		ember 20,1909	77 YRS.	MONTHS DAYS	HOURS MIN.
	og.	d dir	Coy	1 7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF			NEVER MARRIED	P. BALTIMORE CITY OR COUNTY OF DEATH HOWARD COUNTY MD. 12d USUAL OCCUPATION 12b. KIND OE BUSINESS OR INDUSTRY LITE Estate Analyst Insurance		
	eoth	n 72	6-1		Romania	United						
	0	e fu	78 7	10.	CITY OR TOWN OF DEATH	11. NAME OF						
201	irs oft	by the	12 C	1	Daisy	16076			Road			
ND 21	24 hou	filled in	35	130 Mi	STATE 13b CO	or other institution UNTY Vard	13c. CITY OR TOW Daisy	ADMISSION)	13d, INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP COI 16076 A.E.Mu	_∞ 2179 llinix	
YLA	thin	tely 2 sho	1 09 1	14.	FATHER'S NAME		-		15. MOTHER'S MAIDEN NA	ME		
MARYLAND	3	ald w	30	1	Ludwig	MIDDLE	Schu1z		Édith	WIDDLE	Sega	ila 💮
BALTIMORE,	e execut	Poges 1		16a	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	358-14-		17. INFORMANT Evelyn S. S	6325ss She Smith Birmingh	eringha	am Road ichigan
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DIVISION OF VITAL RECORDS,	The low require	on. hos been signification	piene prior to be	CERTIFICATION	Cerebro	19b. COND	DITION FOR WHICH	ورما	Decuib NWAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED
FVIT	AN.	physic lificote lificote			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	PART I OR PART 2)	
IVISIONO	JG PHYSIC	ottending ter this cert is the buriol	h ond Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
٥	TTENDIN	CTOR: Af	of Health		22a I certify that (1) this ho sow the deceosed of ve obove (1) (ive) (did) did			86.	nd that in my (our) opinion	deoth occurred on the date and h	., 19_ 8(0 our and from the	that (we) lost e couses stated
	PITAL OR A	ned by the hor FUNERAL DIRECTOR	with the Stote Dept.		22d. PH SIC DN'S NAME (IV)	Kyo	el g	10	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Nov.	7, 1986
	HOS	o FUN	MPORTANI		Dr. John Kija	1			12520 Prospe	rity Dr., Silve:		
	<u>و</u>	를 무를 BP	3 ₹1		BURIAL, CREMATION, REMOV	198	6 Ga	te o	EMETERY OR CREMATORY f Heaven	23d LOCATION CITY OR TOWN Silver Spri	ng, Ma	aryland
	DHA	WH - 16	50M 7/84 5, 4)	24	FUNERAL DIRECTOR Rober 7557 Wiscons:	t A.Pui in Ave.	mphrey F Bethesda	uner ,MD	al Homes on N	OV 1 2 1986	STRAR'S SIONA	TUREPLACE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. . 5EX IF UNDER 24 HRS DATE 2d. HOUR BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED WIDOWED W DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
JIF NOT IN SUCH FACILITY, GIVE SPREET ADDRESS) OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WICACE MIDGLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? THIS CER.

E. WRITING THE C.

R. PAGE 3 SHOULD BE US

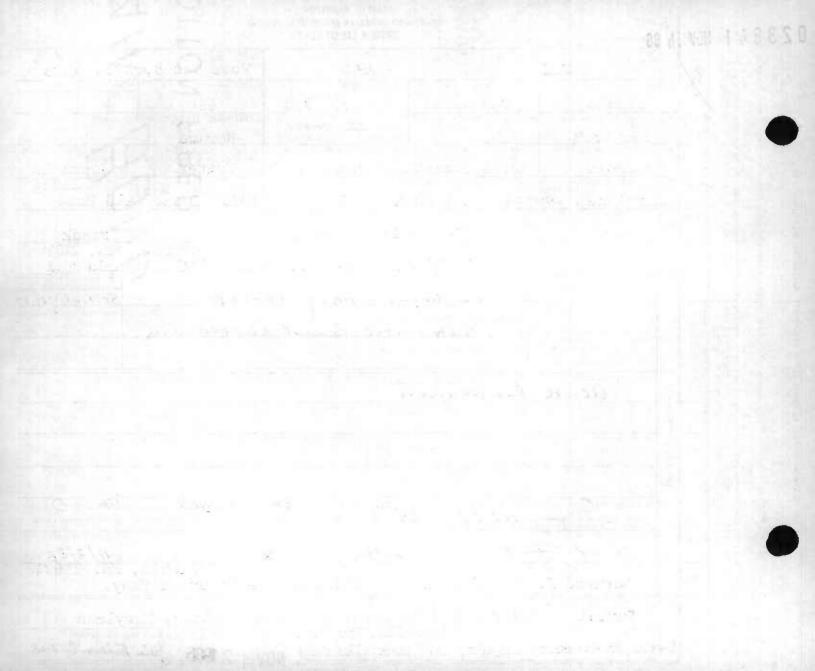
"ATE DEPARTMENT OF THE DEPARTM YES 🔲 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLITMORE, MARYLAND, 2 22a I certify that I taak charge af the remains described above, held an Autopsy ond in my opinian Notural causes deoth resulted from: Hamicide Undetermined manner 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

122 1 TECOM S 57/27 TENN 11-27 96 25 70 28 82 11 11 22 82 25 The December of the said Court Carles paterions arrest Buttern Pechine Offeren & Oldertest Dearth JE CE 11 11 Themes F Hospirt of D. Ellie Hilly 18th 21843

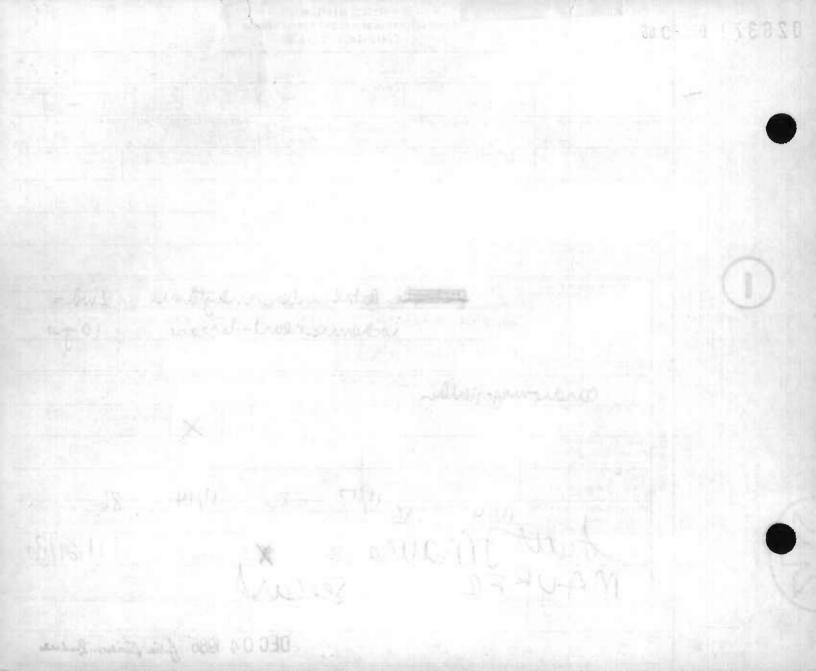
023	351	6	NOV !	2,8	STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 6	5 2	. 0	4 8
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	t to	18			Md	U.S.A.	WIDOW	D NEVER MARRIED	HOWAR	20		MD
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2	100	5 %	25 /	ISU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z			
8	2	all d	ಾರ	1			wille	YES NO NO	5644 Touth	17/	2	1029
TYLA	- 1	10 th	1 850	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME			
MAS	7	17	(50)		Frederick	Ste	Ken	Mary	MIDDLE	B	erLast	ice
ar m	ecu.	nd ce	dico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS			
WO	0 0	Pog	a ed	(res, no or unknown) (IF YES, GIV	- A16-5	4-5746	Bob Stecker	2207	Hayde.	m Ct	. 21047
MALT	cote b	010	-		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	and (c).1		1	3	APPROXIMA BETWEEN ON	ATE INTERVAL
1.	certifica	100			PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) COU	8estu	re Hael	tacher	4		
NO		ding.	E. H.			DUE TO, OR AS A CONSE	QUENCE OF					
PRESTON	death	14			Canditions, if any, which	[1]	mc 1	atual Fr	Sollation			
3	thot the	by the	J, Cremin other is		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECULULU		1 Emboli	sur			
, 201	res	9 0	ory, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN	PART 10	
RDS	edo	n sig Then	¥ :E	O N	Rect	il bleeding	Do	suble form	mesenta	uc e	usor	lesus
DIVISION OF VITAL RECORDS.	*	bee Tart.	oud 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDING	3S USED
AL	he l	hos	iene Nows	E					YES NO	YES [CAUSES	NO [
VII.	N. N.	ronsit	Hyg.	1 8	218. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM IS PART I O	R PART 2)	
Ö	SICIA ng pl	iol-t	Mentol or Head	₹ S	OR CONTRIBUTING CAUSE OF DE	310	19					
NO.	PHYS	this o	M Po	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFE	CE FARM ETC I	211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
N N	52	fter os th	olth and marked	~	AT WORK NOT WHILE			10	1 1-	C	1	
_	END!	R: A	reoli is mo			ital) attended the deceased from		19 8	C , to [1] S	19.0		not (I) (we) lost
	ATTE	50	21		saw the deceased alive on above, (1) (we) (did) (did no	orlyview the body after death.	861.	nd that in (my) (our) opinion	death occurred on the date	and hour and	from the co	ouses stated
	o Po	DIRE	If hen		27h SIGNAPORE	4.0.	200	DEGREE ATTENDING	_ MEDICAL STAFF		2c. DATE SI	IGNED
	TAL y th		ANT: F		(3/	un	/	PHYSICIAN E	DIRECTOR PHYSICIA	N	11/6	187
	OSPI ed b	FUNERAL old be det	RTAI		224 PHYSICIAN'S NAME TOM O	^ ,	-	ADDRESS				
	O HC	- O F	with the State		140920	Gebre man						
	Te	<u>⊢</u> ×	, 3	230. 1	URIAL, CREMATION, REMOVAL	23b. DATE 2	T. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cour	NIY	STATE
	BF				Burial	Nov. 8, 1986	West	ern Compter	y Buttime	ore -	•	Md.
	DHM	H - 16 6	OM 7/84	24 F	JNERAL DIRECTOR	ADDRES	BOX	200	V - 7 KIRE 25	b. REGISTRAR'S	SIGNATU	P. Jan
	(VRA 15	4)	3	lack Funer	2 Home El	licoti	City Million	5 1 1000	0		Variable?

023556 mov 40.05 France Comment of the State of CON A WOH

(VRA 15, 4)



2637 DEC-	9 8	TATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND I	MENTAL HYG	IENE REG. N	0.	ela U	
		CEASED NAME FIRST	MIDD	LE	L	AST		2a DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
noy be poge 3	(TYPE	JOSE	F K.	V	IKTOR	A			11-17-	86	3:30 ^A M
you you	3. SE		4 RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
ge 4 .		Male	White		MONTH	8 15	26	60	YRS.	ONTHS DAYS	HOURS MIN.
orh. Page 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY?	8. MARRIEI	NEVER A	AARRIED 🗆	9 BALTIMORE CITY O	R COUNTY	FDEATH	
Juneral Jean		Czechoslovak			WIDOWE	D Dr	VORCED	How	DAM		MD.
in the second	10 C1	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			NOITUTION	12a. USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
by thed	50	Laurel	8039 C	olumbia	Pike						
P 2 2 2 2	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	Marie La		
Cacallia 22		Md. How		Laurel		YES [NO 🔲		olumbi.	a Pike	20810
d within	14. FA	THER'S NAME FIRST	MIDDLE	LAST			FIRST			LAS	and the same of
S I S		VAS DECEASED EVER IN U.S.		SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRE	SS		
rages 1	(,	(IF YES, (GIVE WAR OR DATES)	109-38-	4153						
vires that the death certificate signed by the attending temples remove corbanature. burial, crematian, or removal. ory, ar other traumatic event, the	z	18 CAUSE OF DEATH IENter PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS	S A CONSEQUE	INCE OF			anhythm Laseas		2w	MMATE INTERVAL DISET AND DEATH
he low req an. hos been t permit. Then prior hene prior h	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFO	PRMED	20a AUTOPSY?		WERE FINDING CAUSES	
NN. The hysicia icate i icate i Hygie Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	1100100 4 14		AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU			NO [
SICIA ng p certif uriol-l tental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIN .		19						
The sed of	4ED	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE, FA	ARM. ETC 1	21f LOCATIO	NC	CITY OR TO	WN	COUNTY	STATE
DING PH or after the e os the l olth and morked a	_	AT WORK NOT WHILE			11	10	91	illiu	,	07	
		22a.1 certify that (1) (this has	pital) attended the de	eceosed from	7		19 00			00	that (I) (we) last
Spitol Spitol CTOR I for u		sow the deceased alive a above, (1) (we) (did) (did	not view the body ofte	er death.	D, on	d that in (my)	(our) opinion (death occurred on the de	ote and hour o	and from the	couses stated
ok house		22b. SIGNATUR	M	Nal	Na	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	FF	22c, DA 16	SIGNEDA
TO HOSPITAL Of FORTING BY the TO FUNERAL IS should be detoo with the State IMPORTANT: If		22d. PHYSICIAN'S NAME (TYP	PER			22e ADDRES					100
BP		SURIAL, CREMATION, REMOVA SPECIFY) Removal	23b. DATE 11-17		NAME OF C	EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 4/82	24. FL	JNERAL DIRECTOR		ADDRESS	AT-		2/n 24	FREC'D BY REGISTRAR	256. REGISTR	AR'S SIGNAT	URE
(VRA 15, 4)		Anato	ny Board	~UUKE33	Ba	alto.,	Md	04 1300	Julia Da	argust-K	and and



25559 DEC-	FOR STATE GEGISTRAR		DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH	L HYGIENE 8	REG. NO.	3 2 3	3 4
	1. DECEASED NAME	FIRST ,	MIDDLE	LA	ST .	20. DATE OF		DAY YEAR	2b HOUR
nay be poge 3 er death	(TYPE OR PRINT)	Thomas		We			11	28 8	4'41'M
ge 4 ma ectai, pc rs ofter (3. SEX Male	4	RACE White	5. DATE OF	BIRTH 4 PAY 1911		EARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
Poge direct	7a BIRTHPLACE (STAT		CITIZEN OF WHAT COU	-	7, 1711	/	YRS		
leath. P	New Yor		U.S.A.	MARRIED WIDOWED	NEVER MARRIED		RECITY OR COUN		MD
softer d	Columbia		NAME OF HOSPITAL, IN THE NOTING SUCH FACILITY, GIVEN THE NAME OF HOSPITAL, IN THE NAME OF HOSPIT	VE STREET ADDRESS)		TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING hanic		BUSINESS OR
ND 312			HER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION)	3d. INSIDE CITY LIMI		ADDRESS ZZIP CO	ock Way	21045
MARYLA mp	14. FATHER'S NAME FIRST	WID		AST	NA NOTHER'S MAIDE		MIDDLE	LAST	
Solution to the secured within 24 size and solution to the secured within 24 special solution to the secure soluti	160 WAS DECEASED E	VER IN U.S. ARME		-07-392	Shirley	ghter) Buchho	ADDRESS 3	State wanda, N.	St. Y.1415
ORDS, 201 W. PRESTON ST., requires that the death certificate is signed by the ottending ph. Then please remove corbanion or to buriol, cremotion, ar remoy injury, ar ather traumatic even	Conditions, if gave rise to couse (o), sunderlying c	ony, which immediate stating the ause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) NDITIONS CONTRIBUTE 19b. CONDITION FOR	NSEQUENCE OF MSEQUENCE OF		TERMINAL DISEAS			
TAL REC The low icion. te has be sist permit giene pringshaws an	THIC	EKANOK	The CONDITION FOR	WHICHOLEKAHOK	WASTERIORMED	YES [RTIFYING CAUSES	
A OF VITA ng physicia certificate rial-transit entol Hygi	OR CONTRIBUTING	CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
IVISION JG PHYS of the burn on on the burn h ond Me rked or It	21d. INJURY OC		21e PLACE OF INJURY LAT HOME, STREET, FACTORY,		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN pitol ar TOR: Af for use of of Healtil	sow the de	ceased alive an	ottended the deceased	19 66 and	that in (my) (our) op	onion death occurre	d on the date and I		hot (I) (we) lost ouses stoted
TAL OR A yy the hos RAL DIREC detached tote Dept.	22b. SIGNATURI		Hun / w			NG MEDICAL AN DIRECTOR	STAFF PHYSICIAN	224. DATE S	IGNED LA
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	Gary les	SNAME (TYPE OR P	Zi-14/	Chian	22e. ADDRESS	(1)	1 11.		
2017	230. BURIAL, CREMATI	ON, REMOVAL	23b. DATE		METERY OR CREMAT	ORY 23d LOCA	ATION OR TOWN	COUNTY	STATE
BP	Buria	L	12/2/86	Elmlaw		Ton	awanda	Erie N	V.V
DHMH - 16 60M 7/84	24 FUNERAL DIRECTO	R	AE	2101	8	DATE REC'D. BY R	EGISTRAR 256. REG	A Aug B .	
(VRA 15, 4)	Fleming	Funera:	Service	Benson.	Md.	UEU 0 1	1986 8	in Devider	Kondolls

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15 State St.

16-07-39:3 oniries tuchhold Tonawades. R.Y. 1815

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	1. DECEASE		M	NIDDLE	LAST		2a. D	ATE OF DEATH		AY YEAR	26 HOUR
nay be page 3	(TYPE OR PRIN	CONST	ANCE E	E	WOL	FE			11/	3/86	5.38Am
pog er de	3. SEX		4 RACE		5. DATE OF BI	RTH	6. AC	GE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
age 4 urs off		F-GMALE	CAUCA	4SION	MONTH 9	30 190	06	80	YRS.	ONTHS DAYS	HOURS MIN.
eoth. Po	Virg	CE (STATE OR FOREIGN	7b. CITIZEN OF V	vhat country? <i>A</i>	MARRIED WIDOWED	NEVER MARRIEI		HOW AR		OF DEATH	MD.
119/	co	LUMBIA	HOWA	OSPITAL, NURSIN HEACILITY, GIVE STREET RD CO.	ADDRESS)		(TYPI	USUAL OCCUPATE OF WORK FOR MOST			F BUSINESS OR
September 1	13a. STATE	DENCE (IF NURSING DOME OF	R OTHER INSTITUTION, O NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW PRINCET	E ADMISSION)	. INSIDE CITY LIM		TREET ADDRESS		079	9999
ond 12	FATHER'S	FIRST	Martin	LAST		MOTHER'S MAIDE da A ^F RST		WIDDLE		LAS	ı
3	160. WAS DE	CEASED EVER IN U.S. AF	RMED FORCES?	234 38 6		INFORMANT Shir	ley Pe	ADDR enningtor	4402	Britta	043 ny Dr.
of the death certificate y the attending physicie remaye corbanopale remailan, or remayal. ther traumatic event, the	Cond gave cous	USE OF DEATH IEnter o. RT I. DEATH WAS CAUSH IMMEDIA itions, if ony, which rise to immediate e (a), stating the rlying couse last.	DUE TO, OR	AS A CONSEQUE	ENCE OF	CARDI		CARCÍ	ion.	BETWEEN:	MATE INTERVAL ONSET AND DEATH
en signed by Then pleas or to burial, injury, or at	PART	2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	E TERMINAL	DISEASE OR COM	IDITION GIVI	EN IN PART 1	0.
te has bensit permit	CERTIFICATION 150 To 100 To 10	ATE OF OPERATION	196 CONDII	TION FOR WHICH	OPERATION W	'AS PERFORMED		a AUTOPSY?	20b. IF YES. IN CERTIFY YES	, WERE FINDING CAUSES	OF DEATH?
certificate rial-transi ental Hygi frem 18 sh	00.00	CCIDENT WAS UNDERLYING [NTRIBUTING] CAUSE OF DE THER, NOTIFY MEDICAL EXAMINE		M. MONTH D	AY YEAR	c. HOW INJURY O	OCCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART 1 OR PART 2)	
ter this of the bund Me hand Me her firked or f	WEDICAL MEDICAL MEDICAL	NOT WHILE AT WORK	21e, PLACE C (AT HOME, STRE	OF INJURY BET, FACTORY, OFFICE, F	FARM, ETC.)	LOCATION		CITY OR TO	OWN	COUNTY	STATE
ECTOR: A ed for use of the of Healt	\$0	vertify that (I) (this hosp w the deceased alive are bave, (I) [see] (did) (did and GNATURE		11 0	A , and the	at in (my) (aur) a	pinian death	accurred an the d	ate and hour		
PITAL OR by the h by the h ERAL DIR e detoche State Dep ANT: If the		HYSICIAN'S NAME (TYPE	L, On	rdny	m	ATTEND	ING ME	DICAL STA	FF CIAN (P)	THE DATE	SIGNED
TO HOSPITA etained by TO FUNER should be d with the Sta IMPORTAN		IMTIAZ		carm	DAAI.						
GP49	(SPECIFY)	Burial	Nov.6,	1986 Re	sthaven		I Pk. P				Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	1 nc.	DIRECTOR Harry 4112 Old Co	/ H Witzk Diumbia F	e & Fami	ly Fune	ral Home			25b, REGISTE		

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021	7.0.0	13-	FOR STATE			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 3 2 5								
024	760 NOV		STATE STRAR			MED		MINER'S	CERTIFICATE C		REG	. NO.	W110	
			CEASED NAME E OR PRINT)	FIRST			MIDDLE		LAST	2a. C	OF ESTI-	NOW X	TH DAY	YEAR 26. HOU
	ASE JRS. ET,			Guy			L.		nmerman	D	EATH MATED	1	1-14 19	9 86
	DIRECTOR FILE	3. SE)	Male	4 RACE White	S. DATE OF E	22, 1	93I LAST	DIRTHDAY) MONT			DATE NOUNCED DEAD	MONT	1-14 19	9 86 a.
0	UNECESS UNREAL FOR Y WITHIN	FO.	RTHPLACE (ST REIGN COUNTRY) CONSY V TY OR TOWN (S.A.	AT COUNTRY?		NEVER MARK	RIED	ALTIMORE CIT Howard	_		ATH M
	DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 22 HOURS DS, 20, W. PRESTON STREET,	10. CI	TY OR TOWN O	(IF NOT IN S	SUCH FAC	ITAL, NURSING ILITY, GIVE STREET ADD OUNTY GO	ORESS)	Iospital	12a USUAL C		TYPE OF WOR	er 112h KIND	OF BUSINESS NDUSTRY	
21201	ANY DI AND 3 T RETAIN RETAIN HOULD B	130 S Ma	TATE ryland	13b. COUL HOWS	OR OTHER INSTITUT	TION, GIVE	RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET				43
BALTIMORE, MD.	MAN 3 CANA 3 CAN		ather's name Grover	C. Zimme	rman		LAST		15. MOTHER'S MAID FIRST Maude (EN NAME	MIDDLE		LAS	ST .
IMO	FORM FS 1 A ON O	16a V	VAS DECEASED	DEVER IN U.S. AF	E WAR OR DATES)	?	166. SOCIAL SEC 218 24		17. INFORMANT		ADDR	RESS		
ALT	URS AFTER I B. GIVE PAC WITH FORV T. PAGES 1 DIVISION C		Yes	s Kor		rean		8956	Mrs Patrio	cia Zim	merman	9761	Michae	els Way
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	COUTED WITHIN 24 HO CONG ALEN FERMINEN BURIN SIÈNE AND ME	-	Candition gave ris cause (a) lying caus	is, if any, which e to immediate stating the <u>under</u> se last.	ED 8Y: KTE CAUSE (o), DUE TO (b), DUE TO	Art 0, or a 0, or a	terioscl as a conseque	erotic NCE OF	Cardiovaso	21	isease		BETWEE	NOXIMATE INTERVAL
SEC C	EALTH CREW	101	19a DATE OF	OBERATION	I w	O. 10 les		0.000					15-16	
VITAL	R SHOULD NORD "PR R CURE NT OF HE BURIAL.	RTIFICA		L CAUSE WAS					AS PERFORMED?		1146		YES	TOPSY?
ONOF	CERTIFICATE S TING THE WO BED TO THE O 3 SHOULD BE DEPARTMENT I BROOK TO BU	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	OR NG CAUSE OF	DEATH	P.M.	MONTH DAY	YEAR	ow injüry occurri	ED (ENTER NATUR	E OF INJURY IN ITE	M 1B PART 1 OF	LPART 2)	
DIVIS	The state of the same of the	MED	21d. INJURY O WHILE AT WORK	NOT WHILE I			FINJURY {AT HO RY, FARM, ETC.}		CATION	СП	OR TOWN		COUNTY	STATE
•	MEDICAL EXAMINER: COUTE THE CERTIFICATION SE A SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE ! CITMORE, MARYLAND,		220. I certify that I took charge of the remains described above, held an Autopsy XX, Inspection Inquiry, and in my apin death resulted fram: Natural causes XX, Alcidem Suicide, Hamicide, Undetermined manner, ACTUAL SIGNATURE										TE 11-	-15 - 86 21201
07/84	Bb————	(5	Bur	ION,REMOVAL	Novembe	rl	7186 C	restlaw	R CREMATORY	23d. LOCAT CITY OR TO	wn Howard	Man	YINUO	STATE
25M	DHMH - 17 (VR A15 ME (5))	24 FU	NAME C. 4112	TOR Harry 2 Old Co	H Witz Iumbia	Kes d Pike	& Family	Funera	Home NOV	2 0 198	ISTRAR 256 R	EGISTRAR	SSIGNATUR GOSTO KON	dass

STATE OF THE STATE